

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**98-00 UBR**

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 JUN 29 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 700823

1. Corporation Name

PILOT CLUB OF DELAND FLORIDA INC

2. Principal Office Address

4285 Audubon Ave.

Suite, Apt. #, etc.

City & State

DeLeon Springs, FL

Zip

32130

Country

Volusia

3. Mailing Office Address

P.O. Box 321

Suite, Apt. #, etc.

City & State

DeLeon Springs, FL

Zip

32130

Country

Volusia

4. Date Incorporated or Qualified  
To Do Business in Florida

04/16/1960

5. FEI Number

59-6163661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KAREN LUCAS

Street Address (P.O. Box Number is Not Acceptable)

4285 Audubon Ave. P.O. Box 321

Suite, Apt. #, Etc.

City

DELEON SPRINGS

State

FL

Zip Code

32130

LS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Karen M. Lucas

Date 6/20/2000

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOANNE JEFFERSON	1016 PEARL TREE Rd.	DELTONA, FL 32725-4805
PE	JEAN EULER	22332 LIVE OAK RANCH	UMATILLA, FL 32784
T	KAREN LUCAS	4285 Audubon Ave PO Box 321	DELEON Springs, FL 32130
S	ANITA DEBONIA	11 SPRING RIDGE DR	DEBARY, FL 32713
D	JANE BEHRENS	905 N. BOSTON AVE	DELAND, FL 32724
D	ELIZABETH WELBOB		
D	MaryELLEN Schoolmaster	1467 SAXON Blvd. PO-Box 5979	DELTONA, FL 32728-5979

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Karen M. Lucas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/2000

Date

904-985-5702

Daytime Phone #

CR2E081 (9/99)